

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2009</b> <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) 514572000700
Application Number 10/538,443	Filed (Int'l) December 31, 2002	
For MAGNETISM BASED NUCLEIC ACID AMPLIFICATION		
Art Unit 1637	Examiner S. Mummert	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
	<u>Fee</u>	<u>Small Entity Fee</u>
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$490	\$ _____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1110	\$ 555
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2350	\$ _____
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>03-1952</u> . <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>		
I am the <input type="checkbox"/> applicant/inventor.		
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.		
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).		
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>60,440</u>		
<input type="checkbox"/> attorney or agent under 37 CFR 1.34.		
Registration number if acting under 37 CFR 1.34 _____		
<u>/Yan Leychkis/</u> Signature		<u>May 27, 2010</u> Date
<u>Yan Leychkis</u> Typed or printed name		<u>(858) 314-7702</u> Telephone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input checked="" type="checkbox"/>	Total of <u>1</u>	forms are submitted.